Data Entry Initials: ⬜⬜⬜⬜

RU/Provider #: ⬜⬜⬜⬜⬜⬜

SUBSTANCE ABUSE SERVICES CLIENT EPISODE CLOSING SUMMARY

Client Last Name: _____   First: _____   MI:_____

Client Number: ⬜⬜⬜⬜⬜⬜⬜⬜⬜

Discharge Date: ⬜⬜ ⬜⬜ ⬜⬜⬜⬜   ***Please confirm Discharge date**   Discharge Status: ⬜
            Month   Day   Year

Referred To: ⬜⬜⬜⬜⬜   Client Homeless at D/C: Y/N ⬜   Employment Status: ⬜⬜

Client Adherence to Treatment Plan (Y/N): ⬜   Follow-up on Referral Prior to Discharge (Y/N): ⬜

Discharge No. of Children in Household: ⬜⬜   Primary: Secondary:

Client Pregnant During Treatment (Y/N): ⬜   Problem: ⬜⬜ ⬜⬜

Pregnancy Termination Reason: ⬜   Route of Administration: ⬜ ⬜

Date of Termination (Pregnancy): ⬜⬜ ⬜⬜ ⬜⬜⬜⬜   Frequency of Use: ⬜ ⬜

CODED REMARK # 18 (PERINATAL ONLY / (1-5)) ⬜   Fees/Bal. Owed: _____

Number of Days in the Last 30 Days (0-30)

Alcohol Frequency : ⬜⬜	Physical Health Problem:	
IV Use : ⬜⬜	Emergency Room Visits: ⬜⬜	
Paid Days Work : ⬜⬜	Hospital Overnights: ⬜⬜	
Number of Arrests : ⬜⬜	Days of Physical Problem: ⬜⬜	
Days in Jail : ⬜⬜	Mental Health Problem:	
Days in Prison : ⬜⬜	Outpatient Emergency Services: ⬜⬜	
Days of Social Support: ⬜⬜	Hospital/Psychiatric Facility Visits: ⬜⬜	
Days Living with Substance Abuser : ⬜⬜	Prescribed Medication Taken: Y/N ⬜	
Conflict Days with Family: ⬜		

Consent for Future Contact: Y/N : ⬜   Children in Placement: ⬜⬜

Enrolled in Job Training: Y/N: ⬜   Children in Placement with no Parental Rights: ⬜⬜

Enrolled in School: Y/N: ⬜

HIV/AIDS Tested   Y/N: ⬜

HIV/AIDS Results: Y/N: ⬜

Prior MH Diagnosis: Y/N: ⬜

Children Aged 17 or Less: ⬜⬜

Children Aged   5 or Less: ⬜⬜

Employment Status

1 Unemployed, has not sought employment in last 30 days

2 Unemployed, has sought employment in last 30 days

3 Part-time (less than 35 hours/week)

4 Full-time(more than 35 hours/week)

5 Homemaker, seeking employment

6 Homemaker, not seeking employment

7 Part-time student (less than 12 units)/not seeking employment

8 Full-time student (more than 12 units)/not seeking employment

9 Employed Student/part-time

10 Disabled and unemployed/not seeking employment

Days of Social Support

Number of days in the last 30 days that the client participated in social support recovery activities such as 12 -Step Meetings, Religious/Faith Recovery or Self-Help Meetings, or attending meetings of organizations other than those listed above.

Substance Abuse Problem

01 Heroin

02 Alcohol

03 Barbiturates * These require a drug name

04 Other Seds/Hypnotics *These require a drug name

05 Methamphetamines

06 Other Amphetamines *These require a drug name

07 Other Stimulants *These require a drug name

08 Cocaine

09 Marijuana/Hashish

10 PCP

11 Other Hallucinogens *These require a drug name

12 Benzodiazephine *These require a drug name

13 Other Tranquilizers *These require a drug name

14 Non-Rx Methadone

15 Other Opiates/Synth *These require a drug name

16 Inhalants *These require a drug name

17 Over the Counter *These require a drug name

21 Other (Specify) *These require a drug name

22 None

23 Ecstasy

24 Other Club Drugs *These require a drug name

25 OxyCodone/OxyContin

Z 1 = Unknown

Z 3 = Other *These require a drug name

General Referral Codes

1   Fed/State Criminal Justice

2   Local/County Criminal Justice

3   Self

4   Family/Friend

5   Employers

6   School/College

7   Medical: hospital/clinic/physicians/nurse

8   Social Services

9 Community Agency

10 Mental Health

11 Public Guardian

12 Public Health/Public Health Nursing

13 Residential Care Facility

14 Drug Residential

15 Drug Outpatient

16 Alcohol Residential/Outpatient

17 Telephone Directory

18 Brochure/Flyer/Newspaper/Newsletter

19 Other

20 12 Step Program

21 P36 (Probation)

22 P36 (Parole) protection

Frequency of Use

Number between 0-30

Z2 - not applicable

Pregnancy Termination Reason

1   Abortion

2   Live Birth

3   Birth-dead

4   Miscarriage

Coded Remarks # 18 (Perinatal only)

Enter one of the following codes for frequency of use at discharge for all perinatal clients. The "frequency of use" at discharge refers to usage of any and all of the substances reported as problems at discharge. If a client was at the treatment/recovery program for less than 30 days, the frequency reported at discharge should cover only the time she was in the program. This info should be gathered at the last face-to-face session with the client.

Children Living with Others

How many children are living with someone else as a result of a child court order?

Discharge Status

1 Completed treatment plan/goals

2 Left before completion w/satisfactory progress

3 Left before completion w/unsatisfactory progress

4 Terminated by clinic: fee non-compliance

5 Terminated by clinic: non-compliance w/treatment plan

6 Terminated by clinic: other administrative factors

7 Terminated by clinic: record open: no treatment provide

8 Terminated by clinic: incarcerated

9 Referred or transferred for further substance abuse treatment

*Additional codes that may also be used are listed below.

Z0 = Client declined to state

Z1 = Unknown or not sure/don't know

Z2 = Not Applicable

Z3 = Other

*If you need assistance please call the SIMON helpdesk at (909) 884-4884.